



Ventura County Office of Education Extracurricular Event or Activity Assumption of Risk Form

Voluntary Extracurricular Event or Activity

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| <input type="checkbox"/> Academic Decathlon | <input type="checkbox"/> Battle of the Books |
| <input type="checkbox"/> Mock Trial | <input checked="" type="checkbox"/> Visual & Performing Arts Showcase |
| <input type="checkbox"/> Science Fair | |
| <input type="checkbox"/> Other: _____ | |

I authorize my child, named below, to participate in the indicated voluntary extracurricular event or activity. I understand and acknowledge that voluntary extracurricular activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such voluntary extracurricular events or activities.

This voluntary extracurricular event or activity, by its very nature, may pose some inherent risk of a participant being seriously injured, before, during, and/or after the activity or event, including transportation whether provided by the VCOE or not.

I understand and acknowledge that participation in voluntary extracurricular events or activities is completely elective and voluntary and is not required by the VCOE for completion of promotion or graduation requirements. I also understand that, if I do not consent to my child's participation in the voluntary extracurricular event or activity, my child may be offered an alternative event or activity and possible credit for promotion or graduation may or may not be offered.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the voluntary extracurricular event or activity. To the extent permitted by the Education Code or other applicable statutes, regulations, policies and procedures, any participant determined to be in violation of safety requirements, behavior standards or other prohibited conduct may be removed from this voluntary extracurricular event or activity.

I understand and acknowledge that in order to participate in these activities, I and my child agree to assume liability and responsibility for any and all potential risks that may be associated with participation in voluntary extracurricular events or activities.

I also understand that the VCOE, due to the COVID-19 virus or other potential infectious diseases, has undertaken a plan to facilitate a safe environment for educational programs in addition to extracurricular, co-curricular and sport/athletic events or activities. In doing so, I further understand that the VCOE has adopted plans designed to meet the requirements and recommendations of state agencies, health advisors and other responsible bodies. However, I also understand and acknowledge that despite the VCOE's and School's efforts, the risk of infection from the COVID-19 virus, or others, cannot be eliminated at this time, and that my child may be exposed as a result. I also understand and acknowledge that in participating in this voluntary extracurricular event or activity, my child will increase their interaction with students and staff, and the corresponding risk of contact and infection, and that this may include functions involving other people and/or facilities other than the VCOE. These other students, instructors, assistants, and facilities are potentially operating under a different COVID-19 safety plan, further increasing the risk of exposure of my child. Finally, I understand, acknowledge, and agree that despite reasonable care and steps by the VCOE, that the virus presents serious challenges to prevention and control, and reasonable efforts by the VCOE does not assure that my child may not be infected, and that the infection may not be brought home. Despite all the above I am freely and voluntarily signing this "Extracurricular Event or Activity, Assumption of Risk Form" to enable and authorize my child to participate and releasing and discharging the

VCOE and its/their governing board, officers, agents, employees and/or volunteers from any liability for my child becoming infected in their participation in the event or activity.

I agree to, and do hereby release and hold the VCOE and its governing board, officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the voluntary extracurricular event or activity, including programs or procedures of the VCOE for students and participation in such events or activities.

I expressly grant authority and indicate consent for VCOE to print, photograph, record, edit, and release educational information about or relative to the participation of the student in VCOE activities.

Such information shall include, but not be limited to, the release of image, likeness, voice, photographs, competition results, the reproduction of sound, motion picture, or video recordings, etc. Consent is likewise given to the use of such information by an institute of higher learning, recognized educational study group, or educator for the purposes of study comparison and the furtherance of knowledge in the field of education. The VCOE shall have the right to reproduce, use, display, and disseminate in such manner as they see fit, without obligation of any kind to any person, the results from competition day activities.

In the event of illness or injury, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).

I acknowledge that I have carefully read this "Extracurricular Event or Activity, Assumption of Risk Form" and that I understand and agree to its terms.

Student name (Please Print)

School

School District

Activity Advisor (Staff)

Parent or Legal Guardian Name (Please Print)

Parent Phone Number

Emergency Contact #1

Emergency Contact Phone Number

Signature (Parent, Legal Guardian, or Student if 18 Years of Age)

Date

My child has a special need and instructions are attached.